



THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY  
FEES FOR THIS FEE  
ACCOUNT NO. 23-0975

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Confirmation No. 7157  
Hideyuki HASHI et al. : Attorney Docket No. 2004\_0279A  
Serial No. 10/803,878 : Group Art Unit 2627  
Filed March 19, 2004 : Examiner William J. Klimowicz  
**HEAD SUPPORT DEVICE AND DISK  
DRIVE USING THE SAME** : **Mail Stop AMENDMENT**

**PATENT OFFICE FEE TRANSMITTAL FORM**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$470.00 to cover Patent Office fees relating to filing the following attached papers:

Petition for Extension of Time ..... \$120.00

Additional Claims Fee:

Excess of Twenty-Six ..... \$350.00

Independent ..... \$

Multiple Dependent Fee ..... \$

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

*The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.*

Respectfully submitted,

Hideyuki HASHI et al.

By Charles R. Watts  
Charles R. Watts  
Registration No. 33,142  
Attorney for Applicants

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November 14, 2006

[Check No. 77261]  
2004\_0279A



THE COMMISSIONER IS AUTHORIZED  
TO CHARGE ANY DEFICIENCY IN THE  
FEES FOR THIS PAPER TO DEPOSIT  
ACCOUNT NO. 23-0975

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 7157**  
Hideyuki HASHI et al. : Attorney Docket No. 2004\_0279A  
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**ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	<b>SMALL ENTITY</b>	<b>LARGE ENTITY</b>	
Total Claims exceeding 26 (not already paid for): 7 x	(\$ 25 = \$)	or	(\$50 = \$350)
Indep. Claims exceeding 3 (not already paid for): x	(\$100 = \$)	or	(\$200 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$180 = \$)	or	(\$360 = \$)
Total Additional Fee =	\$	or	<b><u>\$350.00</u></b>

- Small entity status of this application has been previously asserted.
- Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which  
 is enclosed or

has been previously submitted.

A check in the amount of \$350.00 is enclosed.

Please charge Deposit Account No. 23-0975 the amount of \$\_\_\_\_ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Hideyuki HASHI et al.

By Charles R. Watts

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